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from the frontal regions and traversing the entire extent of the internal capsule lie in the anterior third of the knee. In the second case also, the degeneration involved the first third of the posterior limb and there was no degeneration in the pyramidal tract, while in the third case the lesion was in the middle of the posterior limb and the pyramidal tract had degenerated. The last two cases favor Flechsig's view that the pyramidal fibers are never located in the anterior third of the posterior limb of the internal capsule, as against Charcot, who teaches that they extend into this region. In the third case, the lesion, which was on the left side and it will be recollected was accompanied by pyramidal degeneration, had but a *transient* paralysis on the right side as its consequence. This very remarkable fact the author seeks to explain by reference to the results of Goltz on dogs, and in his explanation speaks of fibers for both halves of the body arising from each hemisphere, but both acting only under exceptional conditions.

(Recent work gives ground for expressing this idea in a somewhat different way. The spinal centers in the dog and other lower forms retain the power to act bilaterally, whether the impulse comes from one hemisphere or the other. In man and the apes, this bilateral character is as a rule lost, each half of the spinal center responding to its own hemisphere alone. A case like this would then be an example of the retention of a primitive condition by one of the higher forms.—D.)

Contributo alla fisio-patologia del cerevetto. A. BORGHERINI. (Revista sperimentale di Freniatria e di Medicina legale, XIV, 81.) Abstracted by Paneth, Centralbl. f. Physiologie, Feb. 1889, No. 22.

The author has spooned out the cerebellum, either in part or completely, from dogs, and afterwards observed them, sometimes for months. In both total and partial removal the symptoms were similar, but more severe and persistent in the former case, as might be expected. Following total removal there was at first great difficulty, which might amount to inability to move, that depended on a spastic condition of the muscles. With recovery from this extreme condition, the motions of the animal still remained slow, uncertain and simple. Sensibility was as a rule unaffected. In cases of partial removal, uncertainty and trembling were the prominent symptoms, which often completely disappeared in a week or two. The muscles of the eyes and of mastication did not appear ever to be affected. To meet the objection that the persistent ataxia in the two cases of total removal was dependent on the secondary degenerations that were found, the author reports the case of a dog becoming spontaneously ill, exhibiting symptoms similar to those in the above two cases, and showing at the autopsy a degeneration of only the gray matter of the cerebellum.

Ein Fall von hochgradiger Zerstörung des Kleinhirnwurms, nebst casuistischen Beiträgen zur Lehre von der sogenannten cerebellaren Ataxie. E. BECKER. Virchow's Archiv, CXIV, H. 1, S. 173.

In this case there was during life no disturbance either of motion, sensation or intelligence. The autopsy revealed two old apoplectic cysts, one in the left cerebellar hemisphere, and the other involving all the vermis except the lingula, lobus centralis, uvula and nodulus.